

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024312

Entity Name: MOCEVE LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

19380 COLLINS AVE  
BLD  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

19380 COLLINS AVE  
BLD B 1402  
SUNNY ISLES BEACH, FL 33160

## Current Mailing Address:

19380 COLLINS AVE  
BLD  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

19380 COLLINS AVE  
BLD B 1402  
SUNNY ISLES BEACH, FL 33160

FEI Number: 26-2152688      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CEVALLOS, MONICA  
19380 COLLINS AVE  
1402  
SUNNY ISLES BEACH, FL 33160 US

## Name and Address of New Registered Agent:

CEVALLOS, MONICA  
19380 COLLINS AVE  
1402 B 1402  
SUNNY ISLES BEACH, FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MONICA CEVALLOS

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MNG ( ) Delete  
Name: CEVALLOS, MONICA  
Address: 19380 COLLINS AVE # 1402  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MONICA CEVALLOS

MRG

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date